



**Town of Arlington**  
Payroll Department, 6<sup>th</sup> Floor  
869 Massachusetts Avenue  
Arlington, Massachusetts 02476

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH) CREDIT**

I hereby authorize the Town of Arlington to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my checking and/or savings accounts indicated below and the depository name below hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Name \_\_\_\_\_ Dept \_\_\_\_\_ SS#: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Deposit #1**

Depository Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account # \_\_\_\_\_

Check One: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Office Use**

Bank Code \_\_\_\_\_ PreNote Date \_\_\_\_\_ Direct Deposit Date \_\_\_\_\_

**Deposit #2**

Depository Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account # \_\_\_\_\_

Check One: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Amount to be deposited \_\_\_\_\_

**Office Use**

Bank Code \_\_\_\_\_ PreNote Date \_\_\_\_\_ Direct Deposit Date \_\_\_\_\_

The amount is to remain in full force and effect until Town of Arlington has received written notification from me of its termination in such time and in such manner as to afford the Town of Arlington and depository a reasonable opportunity to act on.

**ATTACH A VOIDED CHECK FOR THE ACCOUNT(S) YOU WANT TO DEPOSIT TO**